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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	Attorney Docket No.	STL 3182
	First Inventor	Anthony Joseph Aiello
	Title	Fluid Dynamic Bearing Asymmetry Pressure Feedback
	Express Mail Label No.	EV 323 863 736 US

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

<p style="text-align: center;"><b>APPLICATION ELEMENTS</b></p> <p>See MPEP chapter 600 concerning utility patent application contents.</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <span style="border: 1px solid black; padding: 0 5px;">15</span>] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <span style="border: 1px solid black; padding: 0 5px;">6</span>]</p> <p>5. Oath or Declaration [Total Pages <span style="border: 1px solid black; padding: 0 5px;">2</span>]</p> <p style="padding-left: 20px;">a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p style="padding-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)</p> <p style="padding-left: 20px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p style="text-align: center;"><b>ADDRESS TO:</b></p> <p>Mail Stop: Box Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p style="padding-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p style="padding-left: 20px;">b. Specification Sequence Listing on:</p> <p style="padding-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="padding-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="padding-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statemr <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>
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18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation      ☐ Divisional      ☐ Continuation-in-part (CIP)

Prior application information: Examiner \_\_\_\_\_

of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Group / Art Unit: \_\_\_\_\_

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	36521	or <input type="checkbox"/> Correspondence address below
(Insert Customer No. or Attach bar code label here)		
Name _____		
Address _____		
City _____	State _____	Zip Code _____
Country _____	Telephone _____	Fax _____

Name (Print/Type)	James A. Sheridan	Registration No. (Attorney/Agent)	25,435
Signature			Date <span style="border: 1px solid black; padding: 0 5px;">6.23.03</span>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop: Box Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

17858-115 PTO  
10/602422  
06/23/03

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 10px 0 0 0;"><i>Patent fees are subject to annual revision.</i></p>		<i>Complete if Known</i>		
		Application Number	Unassigned	
		Filing Date	Herewith	
		First Named Inventor	Anthony Joseph Aiello	
		Examiner Name	Unassigned	
		Group / Art Unit	Unassigned	
TOTAL AMOUNT OF PAYMENT (\$)		834	Attorney Docket No.	STL 3182

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																																
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order <input checked="" type="checkbox"/> Deposit Account:  Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">20-0782/STL 3182</span>  Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Moser, Patterson &amp; Sheridan, LLP</span>  The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - 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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	James A. Sheridan	Registration No. Attorney/Agent	25,435	Telephone	650-330-2310
Signature				Date	6.23.03